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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Progressork Reduction Act of 1995, no persons are required to respond to a co ollection of information unless it displays a valid OMB control number Application Number 10/735,523 Filing Date TRANSMITTAL December 11, 2003 First Named Inventor **FORM** K. P. Bargroff Art Unit 2816 Examiner Name K. B. Wells (to be used for all correspondence after initial filing) Attorney Docket Number RFMAGIC.004A Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Fee Transmittal Form Drawing(s) Appeal Communication to Board ~ Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) ~ Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund Express Abandonment Request CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name

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43.854

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Signature
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Date

Clifford B. Perry

December 5, 2005

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Under the Panerwork Reduct	inn Act of 199	5 no nersons are rem	imad to res					RTMENT OF COMMERC valid OMB control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10		10/735,523			
FEE TRANSMITTAL				Filing Date		December 11, 2003			
For FY 2005				First Named Inventor		K. P. Bargroff			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name K, B		B. We	. Wells		
				Art Unit 2816					
TOTAL AMOUNT OF PAY	MENT (\$) 180		Attorney Docket	No. RF	MAGI	C.004A		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAF			FEES					-	
	FILING	FEES imail Entity	SEAR	CH FEES	EXAMIN				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small E		Fees Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues)							e (\$) 50	Fee (\$) 25	
Each independent claim over 3 (including Reissues)							00	100	
Multiple dependent claims Multiple dependent claims							60	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)								ndent Claims	
- 20 or HP =		_ ×	-				e (\$)	Fee Paid (\$)	
HP = highest number of total			Fac f	Daid (E)					
indsp. Claims - 3 or HP =	Extra Clain	<u>rs Fee (\$)</u> x	EARL	Paid (\$)					
HP ≈ highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
A OTHER FEETON									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): IDS Fees under 37 CFR 1.17(p) 180									
SUBMITTED BY									
ignature	100	a fall	R	egistration No. 4.	2 954	T	elephone s	250 245 5520	
							Telephone 858.345.5520 Date December 5, 2005		
lame (Print/Type) Clifford E	s. Perry	-				10	RIG DECE	mber 5, ∠005	

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